ARIZONA STATE BOARD OF HEALTH

State File No. BUREAU OF VITAL STATISTICS Registered No. 1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH District or Township occurred in a hospital or institution, give its NAME instead of street and number) \ If child is not yet named, make Supplemental report, as directed. 6. Legitimate ! 7. 4. Twin, triplet or other Sex of Child To be answered ONLY in event of plural 5. No., in order of birth MOTHER FATHER Full maiden name Full name 15. Residence (Usual place of Lbode) 9. Residence (Usual place of abode If non-resident, give place and state. If non-resident, give place and state. 16. Color or race Color or race 11. Age at last birthda H. X Years) 17. Age at last birthday (Years) 18. Birthplace (city or place) 12. Birthplace (city or place) (State or country) (State or country) 19. Occupation 13. Occupation Nature of Industry Nature of Industry 21. Were precautions taken against oph-(a) Born alive and now living. 20. Number of children of this mother..... thalmia neonaterum? (b) Born alive but now dead (Taken as of time of birth of child herein (e) Stillborn certified and including this child.) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE . 50 m .on the date above stated. I hereby certify that I attended the birth of this child, who was *When there was no attending physician Signature / O or midwife, then the father, householder, etc., should make this return. A .tillborn child is one that neither breathes nor (Physician or midwife:) shows other evidence of life after birth. Given name added from a supplementl report..... Month. усаг day, Registrar.

Registrar.